

THOMAS L. GARTHWAITE, M.D.

Director and Chief Medical Officer

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Chief Operating Officer

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES 313 N. Figueroa, Los Angeles, CA 90012 (213) 240-8101

January 21, 2003

TO: Each Supervisor

FROM: Thomas L. Garthwaite, MD

Director and Chief Medical Officer

SUBJECT: ACCREDITATION OF TRAINING INSTITUTION

KING/DREW MEDICAL CENTER

On December 10, 2002, your Board approved a motion instructing the Department of Health Services to work with Charles R. Drew University of Medicine and Science (Drew University) to develop and report back on a plan of correction related to deficiencies cited by the Accreditation Council on Graduate Medical Education (ACGME), with regard to the County-s resident physician training programs at King/Drew Medical Center (KDMC). On January 7, 2003, I reported to the Board on the accreditation status of at risk resident training programs. Those programs include anesthesiology, internal medicine, neonatology/perinatal medicine, radiology and general surgery. As reported, also of concern is the overall institutional accreditation status, which is necessary to allow continuation of the individual residency programs. King/Drew Medical Center received an Aunfavorable® accreditation from the ACGME regarding its institutional commitment in November 2000. In April 2003, ACGME site inspectors will conduct an Alnstitutional Review® to assess institutional commitment and corrective action as taken by KDMC and Drew University.

Plan of Correction and Supporting Events

The attached report AGraduate Medical Education Plan of Corrective Action@ summarizes the ACGME AInstitutional Review@ citations, status of resolution, and corrective actions taken. The time line shows when corrective action and other events occurred.

Gloria Molina First District

Yvonne Brathwaite Burke Second District

> Zev Yaroslavsky Third District

Don Knabe Fourth District

Michael D. Antonovich Fifth District Each Supervisor January 21, 2003 Page 2

Progress since last review

As reported, management of the academic training programs is a shared responsibility between the County and Drew University. The diminishment of institutional commitment as perceived by the ACGME occurred in both institutions over a period of time under different leadership. Except for the University President, the executive leadership at KDMC and Drew University has changed since the ACGME Alnstitutional Reviewe in November 2000 (Dean of Drew, CEO at KDMC, Medical Director at KDMC, Associate Dean for Graduate Medical Education, Director of Health Services for County). The new leadership is clear about the role residency training plays in the County-s Southwest Cluster, and recognizes the KDMC/Drew affiliation as a significant resource and pipeline for the development of minority physicians on the West Coast. Further, while we continue to review which specific residency programs we will have at which Department of Health Services facility, I have firmly committed that the programs we choose to continue will be fully supported and of high quality. I am meeting regularly with the executive management of KDMC and Drew University to review the progress of the plan of correction and to address the other issues associated with building a strong affiliation. It is my belief that we are making good progress.

TLG:II

Attachment

c: Chief Administrative Officer
 County Counsel
 Executive Officer, Board of Supervisors
 President, Charles R. Drew University of Medicine and Science

KDMC\board1-21-03

Plan of Correction for Negative Internal Review from ACGME
Prepared by S. Ashley, MD, Associate Dean

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 Faculty supervision of residents was Minutes from GMECommittee (GMEC) Lack of organizational commitment Internal reviews were not conducted in compliance with ACGME Institutional to Graduate Medical Educationinsufficient meetings were insufficient to fulfill institutional oversight Inadequate support staff/resources Status: ONGOING Status: RESOLVED Status: RESOLVED Status: CORRECTED CITATION HEALTH SERVICES ADMINISTRATION L. A. COUNTY KDMC FACULTY EDUCATION Minutes detailed with follow up Established Internal Review Subcommittee
 Internal Review Policy revised approved by GME Educational Consultant Dr. S. Ashley, Designated Institutional Chief Dr. M. Willock, Dean, Drew University Appointment of new leadership: DREW UNIVERSITY Clinic visits OR Log reviews ACTION EDUCATION POLICY REVIEW Minutes approved by IRC All program Internal Reviews completed (18) Policy approved by ACGME Additional staff, equipment, training RESOURCE ALLOCATIONS . W. May, Acting Chief Executive Officer Spot checks DHS policy on resident supervision discussed Performed chart reviews for adequacy of Provided instruction on methods to document Office relocation- better physical plant Temporary analytical/clerical assistance P. Moore, RN, Training Consultant/ Dr. A. Forrest, Interim Medical Director GME clerical assistance Policy submitted to GMEC (all departments Commitment to GME preservation and Dr. T. Garthwaite, Director, Health Services supervision) required to submit policies on resident in GMEC resident supervision Administration . mission during Department restructuring Administrative Manager documentation CORRECTIVE ACTIONS/EVENTS 2000 NDJFMAMJJASONDJFMAMJJASONDJFMAM Ongoing Follow up 2003

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CITATION	CORRECTIVE ACTIONS/EVENTS	N	J F M A M J	JASOND)	FMAMJJ	ASONDJ	JFMAM
Lack of resident participation on institutional committees and councils Statust RESCINDED by ACGME	All committees which pertain to education and patient care have resident representatives- Monitor process via JCIR communications moetings						
is do not evaluate faculty on an I	FACULTY EDUCATION Review RRC requirements regarding resident						
Surgery - { - { - { - { - { - { - { - { - { -	evaluations of faculty — University implemented Professional Development series for Faculty and Residents —						
visit in 2002-	ACTION						Post
Advice of GMEC is not sought regarding compensation of residents and distribution of resources in support of education	FACULTY EDUCATION Review of Resident Union (JCIR) MOU and review of Resident Compensation Policies by						
Status: RESOLVED AC.	ACTION • Reorganization of GME office resulted in improved relationship with GME and						
	 HR attendance, as needed, at regular meetings with Hospital Admin, and Resident Union 		<u>.</u>		1		
	OCAR) Compensation matters discussed, as needed, at JCIR meetings with Hospital Admin.		0 B				
Surgical Residents are working excessive FAI hours	FACULTY POLICY REVIEW Review of ACGME and DHS policies on						
Status: ONGOING - S	resident duty hours ————————————————————————————————————						
Residents are performing duties extraneous to their educational programs • F	ACTION Resident reporting tools established Request hiring authority for 4-6 Phlebotomists						**************************************

☐ Shaded areas denote resolved and rescinded citations

page 3	CITATION	B. Radiology retrieval system New inacequate to support educational Dr.		· R	C. Residents continue to transport FAG parients, especially Orthopedics, R.	Internal Medicine and Emergency m Medicine AC	Status: ONGOING Ho me pai		
	CORRECTIVE ACTIONS/EVENTS	New appointment: Dr. T. Miller appointed Interim Chair,	Ongoing survey to determine adequacy of	digital retrieval system Reorganization of Radiology film storage area RPAC System upgrade approved for purchase	FACULTY/RESIDENT EDUCATION Review of expected procedure for resident	management of patient transport ACTION	 Hospital Transport Policy reviewed by Hospital Admin. and disseminated to 	medical/nursing staff Nursing Attendants assigned to transport patients on all units- Daily review by Quality	Improvement Nurses
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2002	4								
	ASOND	I							
	JF								
2003	MAM			*******			************		

NOTES

- Digital retrieval system activated in the Trauma Bay and the Emergency Room-Contract signed for expansion April 1998
- *MEDQUIST System activated for retrieval of dictated radiology reports February 1999